



## Brief Universal Prevention Program Survey Ages 6-11

Thank you for taking the time to complete this voluntary survey. Your responses are valuable in making decisions about the programming we provide. Please complete the questions **below and on the back of this survey**. Please select the response which best represents your opinion. There are no right or wrong answers. All responses are anonymous.

Today's Date: \_\_\_\_\_ Your initials: \_\_\_\_\_ Last four digits of phone number: \_\_\_\_\_

**Indicate how much you agree with each of the statements below. If answering for someone else, please indicate how much you think they would agree.**

		Not at all (1) 	A little (2) 	Somewhat (3) 	Quite a bit (4) 	A lot (5) 
1.	<i>I feel hopeful about the future.</i>	1	2	3	4	5
2.	<i>I feel like I belong.</i>	1	2	3	4	5
3.	<i>I know how to deal with my feelings.</i>	1	2	3	4	5
4.	<i>I know how to deal with my thoughts.</i>	1	2	3	4	5
5.	<i>I know how to behave.</i>	1	2	3	4	5
6.	<i>I know how to get help for myself or someone I care about.</i>	1	2	3	4	5

**Please complete page 2 on reverse** →

**For DMH Staff/Contractor Use:**

Provider / Agency / Facilitator:	<input type="checkbox"/> Single Event <input type="checkbox"/> Pre <input type="checkbox"/> Update <input type="checkbox"/> Post	Number of sessions:	BUPPS Protective Factors Score (1-6):
Name of Program:		Matching Code:	

## Demographic Information of Program Participant

If you prefer not to answer any of the questions, please mark "decline to answer" or leave the question blank.

What is your race? (Check only one box)	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other: _____	
More than one race	
Decline to answer	

What language do you most often speak at home? (Check only one box)	
Arabic	
Armenian	
Cambodian	
Cantonese	
English	
Farsi	
Hmong	
Korean	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
American Sign Language	
Other: _____	
Decline to answer	

What gender are you? (Check only one box)	
Male	
Female	
Decline to answer	

What is your age? (Check only one box)	
Age 15 and under	
Between 16 and 25	
Between 26 and 59	
Older than 60	
Decline to answer	

What is your ethnicity? (Check only one box. If you are multi-ethnic, please check "more than one ethnicity")	
Hispanic or Latino ethnicities:	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other: _____	
Non-Hispanic ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other: _____	
More than one ethnicity	
Decline to answer	

Do you have a disability?*	
Yes	
No	
Decline to answer	
If Yes, what type of disability do you have? (You may check more than one box)	
A mental disability	
A physical/mobility disability	
A chronic health condition, such as chronic pain	
Difficulty seeing	
Difficulty hearing	
Another communication disability: _____	
Another type of disability: _____	
Decline to answer	
* For this questionnaire, disability is defined as a mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness.	

**THANK YOU!**